

## Florida Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan							Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service						Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																	Mail Order Offered
ALACHUA	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								97	•
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•				97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•				97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•				97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•				97	•
BAKER	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•				97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•				97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-080C	•						\$0.00	-									
		Humana Gold Plus HMO H1036-082D	•						\$0.00	-									
		Humana Gold Plus HMO H1036-037C	•						\$0.00	\$0.00	•			•				97	•
		Humana Gold Plus HMO H1036-081D	•						\$0.00	\$0.00	•			•				97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-									
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•				97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•				97	•
BAY	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•				97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•				97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•				97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•				97	•
BRADFORD	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•				97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•				97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•				97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•				97	•

## Florida Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
BREVARD	American Pioneer Life Insurance Company	Florida Special Needs Plan	•						\$22.31	\$22.31			•				97	
		FloridianCare Value	•						\$27.95	-								
		FloridianCare Plus	•						\$69.95	\$30.29	•			•	•		97	•
		FloridianCare Complete	•						\$94.95	\$30.29	•			•	•		97	•
	America's Health Choice Medical Plans, Inc.	Americas Health Choice Treasure Coast Prem	•						\$0.00	\$0.00	•			•		•	89	•
		Americas Healthy Rewards Treasure Coast PI	•						\$0.00	\$0.00	•			•		•	89	•
	CareOne Health Plan	CareOne Advocate	•						\$29.07	\$29.07			•	•			92	•
	Health First Medicare Plans	The Sunshine Plan	•						\$0.00	\$0.00			•	•			78	•
		The Value Secure Plan	•						\$0.00	\$0.00	•			•		•	78	•
		The Classic Secure Plan	•						\$38.00	\$36.59	•			•		•	78	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus B	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$69.00	\$0.00	•			•			97	•
	United Healthcare Insurance Company	Evercare Plan DH	•						\$29.07	\$29.07	•			•			97	•
		Evercare Plan IP		•					\$29.07	\$29.07	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01		•					\$0.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•					\$59.00	\$0.00	•			•			97	•
	WellCare	WellCare Advance	•						\$0.00	-				•				
		WellCare Choice	•						\$0.00	\$0.00	•			•			85	•
		WellCare Prescription Plus	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Select	•						\$7.27	\$7.27			•	•			85	•

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
BROWARD	American Pioneer Life Insurance Company	FloridianCare Value	•						\$0.00	-								
		FloridianCare Plus	•						\$0.00	\$0.00	•			•	•		97	•
		Florida Special Needs Plan	•						\$22.31	\$22.31			•				97	
	America's Health Choice Medical Plans, Inc.	Americas Health Choice Broward Premier Pla	•						\$0.00	\$0.00	•			•		•	89	•
		Americas Healthy Rewards Broward Plan	•						\$0.00	\$0.00	•			•		•	89	•
	AvMed Medicare Plan	AvMed Premier Care	•						\$0.00	\$0.00			•	•			83	•
		AvMed Part B Only Plan	•						\$34.16	\$34.16	•			•			83	•
	AvMed Medicare Preferred PPO	AvMed Medicare Preferred PPO		•					\$128.90	\$34.11	•			•			83	•
	Blue Cross and Blue Shield of Florida	BluePreferred Plan 1		•					\$108.00	\$45.89		•		•			97	•
	CareOne Health Plan	CareOne Advocate	•						\$29.07	\$29.07			•	•			92	•
	CarePlus Health Plans, Inc.	CareOne Plan	•						\$0.00	\$0.00	•			•	•		97	•
		CareComplete Plan	•						\$0.00	-								
		CareExtra Plan	•						\$0.00	\$0.00			•				97	•
		CareFree Plan	•						\$0.00	\$0.00	•			•			97	•
	Citrus Health Care, Inc.	Citrus Special Needs Plan	•						\$0.03	\$0.03	•			•		•	96	•
		CitrusCare	•						\$0.35	\$0.35	•			•		•	96	•
	Freedom Health, Inc.	Patriot Plan	•						\$0.00	\$0.00	•			•		•	89	•
	Health Options, Inc.\BCBSF	Medicare & More	•						\$0.00	\$0.00		•		•			97	•
		Medicare & More	•						\$45.89	\$45.89	•			•			97	•
		ActivelyYou	•						\$48.00	\$8.71		•		•		•	97	•
		ActivelyYou	•						\$57.71	\$57.71			•	•		•	97	•
	Humana Health Insurance Company Of Fl, Inc.	HumanaChoicePPO PPO H5415-006		•					\$13.00	\$1.19	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-065C	•						\$0.00	\$0.00	•			•	•		97	•
		Humana Gold Plus HMO H1036-053A	•						\$0.00	-								
		Humana Gold Plus HMO H1036-088C	•						\$0.00	-								
		Humana Gold Plus HMO H1036-011A	•						\$0.00	\$0.00	•			•			97	•
		Humana Gold Plus HMO H1036-071B	•						\$0.00	\$0.00	•			•	•		97	•
		Humana Gold Plus HMO H1036-087C	•						\$0.00	\$0.00			•				97	•
		Humana Gold Plus HMO H1036-089C	•						\$0.00	\$0.00	•			•			97	•
	Medica HealthCare Plans, Inc.	MedicareMax	•						\$0.00	\$0.00	•			•		•	98	
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus B	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$59.00	\$0.00	•			•			97	•
	Preferred Care Partners, Inc.	PSO Health Plan	•						\$0.00	\$0.00	•			•	•		92	•
		Medicare Assist	•						\$20.64	\$20.64			•				92	•
		PCP Medicare Part B	•						\$28.24	\$28.24		•					92	•
	Summit Health Plan, Inc.	Summit Ideal Plan	•						\$0.00	\$0.00	•			•			92	•
		Summit Maximum Plan	•						\$0.00	\$0.00			•				92	•
	SunCoast Physicians Health Plan, Inc	SunCoast Physicians Health Plan, Inc.	•						\$0.00	\$0.00	•			•			79	•
	United Healthcare Insurance Company	Evercare Plan DH	•						\$29.07	\$29.07	•			•			97	•
		Evercare Plan IP		•					\$29.07	\$29.07	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlans Rx			•				\$23.92	\$23.92	•			•			97	•

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name							Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*				Includes Tiered Copayments for Drugs				Mail Order Offered
BROWARD	Universal Health Care, Inc.	Universal Freedom PPO 01		•					\$0.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•					\$59.00	\$0.00	•			•			97	•
	Vista Healthplan of South Florida, Inc.	Platinum Plus Plan	•						\$0.00	\$0.00	•			•		•	92	•
		Platinum Select Plan	•						\$0.00	\$0.00	•			•			92	•
		Platinum Choice Plan	•						\$0.00	\$0.00			•				92	•
	Vista Healthplan, Inc.	Platinum Plus Plan	•						\$0.00	\$0.00	•			•		•	92	•
		Platinum Value Plan	•						\$0.00	-								
		Platinum Choice Plan	•						\$0.00	\$0.00			•				92	•
		Preferred Options	•						\$0.00	\$0.00			•				92	•
		Platinum Select Plan	•						\$0.00	\$0.00	•			•			92	•
	WellCare	WellCare Choice	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Dividend	•						\$0.00	\$0.00	•			•			85	•
		WellCare Value	•						\$0.00	\$0.00	•			•			85	•
		WellCare Select	•						\$7.27	\$7.27			•	•			85	•
		WellCare Access	•						\$23.91	\$23.91			•	•			85	•
CALHOUN	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		Humana Gold Choice PFFS H1804-122				•			\$14.00	\$14.00	•			•			97	•
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48			•				97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus B	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Premier	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$135.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			\$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlans Rx			•				\$23.92	\$23.92	•			•			97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01		•					\$0.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•					\$59.00	\$0.00	•			•			97	•

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																	
CHARLOTTE	AdvantageCare	AdvantageCare	•						\$10.00	\$0.00	•			•			86	•	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•	
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•	
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•	
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•	
		Medicare Masterpiece Plus A	•						\$0.00	\$0.00	•			•			77	•	
		Medicare Masterpiece Ultra	•						\$99.00	\$0.00	•			•			97	•	
	United Healthcare Insurance Company	Evercare Plan IP		•					\$29.07	\$29.07	•			•			97	•	
	United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx		•					\$31.00	\$0.00	•			•			97	•	
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-									
		UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcare Medicare Complete Plus Rx	•						\$17.34	\$17.34	•			•			97	•	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•	
	Universal Health Care, Inc.	Universal Freedom PPO 01		•					\$0.00	\$0.00	•			•			97	•	
		Universal Freedom PPO 02		•					\$49.00	\$0.00	•			•			97	•	
	WellCare	WellCare Prescription Plus	•						\$0.00	\$0.00	•			•	•		85	•	
	WellCare Choice	•						\$0.00	\$0.00	•			•			85	•		
	WellCare Select	•						\$7.27	\$7.27			•	•			85	•		
CITRUS	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•	
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•	
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•	
	United Healthcare Insurance Company	Evercare Plan IP		•					\$29.07	\$29.07	•			•			97	•	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•	
	Universal Health Care, Inc.	Universal Freedom PPO 01		•					\$0.00	\$0.00	•			•			97	•	
		Universal Freedom PPO 02		•					\$59.00	\$0.00	•			•			97	•	
CLAY	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•	
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•	
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•	
	Sterling Option I	Sterling Option I				•			\$9.00	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•	
	WellCare	WellCare Choice	•						\$0.00	\$0.00	•			•			85	•	
		WellCare Select	•						\$7.27	\$7.27			•	•			85	•	

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County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
COLLIER	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-							97	•
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•
		Universal Health Care, Inc.		•					\$0.00	\$0.00	•			•			97	•
COLUMBIA	Humana Insurance Company	Universal Freedom PPO 01		•					\$49.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•					\$0.00	-								
		HumanaChoicePPO PPO R5826-018			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-032			•				\$39.00	\$22.99	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•

## Florida Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
DADE	American Pioneer Life Insurance Company	FloridianCare Value	•					\$0.00	-									
		FloridianCare Plus	•					\$0.00	\$0.00	•			•	•		97	•	
		Florida Special Needs Plan	•					\$22.31	\$22.31			•				97		
	AvMed Medicare Plan	AvMed Premier Care	•					\$0.00	\$0.00	•			•	•		83	•	
		AvMed Part B Only Plan	•					\$34.16	\$34.16				•			83	•	
	AvMed Medicare Preferred PPO	AvMed Medicare Preferred PPO		•				\$78.90	\$35.08	•			•			83	•	
	CareOne Health Plan	CareOne Advocate	•					\$29.07	\$29.07			•	•			92	•	
	CarePlus Health Plans, Inc.	CareComplete Plan	•					\$0.00	-									
		CareExtra Plan	•					\$0.00	\$0.00			•				97	•	
		CareCenters Plan	•					\$0.00	\$0.00	•			•	•		97	•	
		CareFree Plan	•					\$0.00	\$0.00	•			•			97	•	
		CareOne Plan	•					\$0.00	\$0.00	•			•	•		97	•	
	Citrus Health Care, Inc.	Citrus Special Needs Plan	•					\$0.03	\$0.03	•			•		•	96	•	
		CitrusCare	•					\$0.38	\$0.38	•			•		•	96	•	
	Doctorcare, Inc.	DoctorCare Health Advantage	•					\$0.00	\$0.00				•		•	94	•	
	Freedom Health, Inc.	Patriot Plan II	•					\$0.00	\$0.00	•			•		•	89	•	
	Health Options, Inc.\BCBSF	Medicare & More	•					\$0.00	\$0.00		•		•			97	•	
		Medicare & More	•					\$45.89	\$45.89	•		•	•			97	•	
		ActivelyYou	•					\$47.00	\$8.47			•	•		•	97	•	
		ActivelyYou	•					\$57.47	\$57.47			•	•		•	97	•	
	Healthsun Health Plans, Inc.	SunPlus Advantage Plan	•					\$0.00	\$0.00	•			•		•	79		
	Humana Health Insurance Company Of Fl, Inc.	HumanaChoicePPO PPO H5415-006		•				\$13.00	\$1.19	•			•			97	•	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48			•				97	•	
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•			97	•	
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•			97	•	
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-034A	•					\$0.00	\$0.00	•			•			97	•	
		Humana Gold Plus HMO H1036-054C	•					\$0.00	\$0.00	•			•	•		97	•	
		Humana Gold Plus HMO H1036-061A	•					\$0.00	-									
		Humana Gold Plus HMO H1036-072B	•					\$0.00	\$0.00	•			•	•		97	•	
		Humana Gold Plus HMO H1036-077C	•					\$0.00	\$0.00			•	•			97	•	
		Humana Gold Plus HMO H1036-078A	•					\$0.00	\$0.00	•			•			97	•	
	Leon Medical Centers Health, Inc.	Leon Cares	•					\$0.00	\$0.00	•			•	•		97		
	Medica HealthCare Plans, Inc.	MedicareMax	•					\$0.00	\$0.00	•			•		•	98		
	Medicare Masterpiece.	Medicare Masterpiece	•					\$0.00	\$0.00	•			•			97	•	
		Medicare Masterpiece Plus B	•					\$0.00	\$0.00	•			•			77	•	
	Preferred Care Partners, Inc.	PSO Health Plan	•					\$0.00	\$0.00	•			•	•		92	•	
		Senior Health Choice	•					\$0.00	\$0.00	•			•	•		92		
		Medicare Assist	•					\$20.64	\$20.64			•	•	•		92	•	
		PCP Medicare Part B	•					\$28.24	\$28.24			•				92	•	
	Summit Health Plan, Inc.	Summit Ideal Plan	•					\$0.00	\$0.00	•			•			92	•	
		Summit Maximum Plan	•					\$0.00	\$0.00			•				92	•	
	SunCoast Physicians Health Plan, Inc	SunCoast Physicians Health Plan, Inc.	•					\$0.00	\$0.00	•			•			79	•	
	UnitedHealthcare of Florida, Inc.	UnitedHealthcare Medicare Comp Select C Rx	•					\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcare Medicare Comp Select Rx	•					\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcare Medicare Comp Plus Rx	•					\$16.34	\$16.34	•			•			97	•	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•			97	•	

## Florida Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
DADE	Universal Health Care, Inc.	Universal Freedom PPO 01		*					\$0.00	\$0.00	*			*			97	*
		Universal Freedom PPO 02		*					\$99.00	\$0.00	*			*			97	*
	Vista Healthplan of South Florida, Inc.	Platinum Plan	*						\$0.00	\$0.00	*			*			92	*
		Platinum Plus Plan	*						\$0.00	\$0.00	*			*	*		92	*
		Platinum Choice Plan	*						\$0.00	\$0.00			*				92	*
	Vista Healthplan, Inc.	Platinum Plus Plan	*						\$0.00	\$0.00	*			*		*	92	*
		Platinum Value Plan	*						\$0.00	-								
		Platinum Choice Plan	*						\$0.00	\$0.00			*				92	*
		Preferred Options	*						\$0.00	\$0.00			*	*			92	*
		Platinum Select Plan	*						\$0.00	\$0.00	*			*			92	*
	WellCare	WellCare Choice	*						\$0.00	\$0.00	*			*	*		85	*
		WellCare Dividend	*						\$0.00	\$0.00	*			*			85	*
		WellCare Select	*						\$7.27	\$7.27			*	*			85	*
DE SOTO	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*			*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*			*			97	*
DIXIE	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-							97	*
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*			*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*			*			97	*
DUVAL	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-							97	*
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*			*			97	*
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-080C	*						\$0.00	-								
		Humana Gold Plus HMO H1036-082D	*						\$0.00	-								
		Humana Gold Plus HMO H1036-037C	*						\$0.00	\$0.00	*			*			97	*
		Humana Gold Plus HMO H1036-081D	*						\$0.00	\$0.00	*			*			97	*
	Quality Health Plans, Inc.	Advantage Silver	*						\$0.00	\$0.00	*			*		*	96	*
		Advantage Gold Plus	*						\$30.00	\$0.00	*			*		*	96	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		*					\$29.07	\$29.07	*			*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*			*			97	*
	WellCare	WellCare Choice	*						\$0.00	\$0.00	*			*			85	*
		WellCare Select	*						\$7.27	\$7.27			*	*			85	*



## Florida Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage			Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
ESCAMBIA	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-							97	*	
		Humana Gold Choice PFFS H1804-122				*			\$14.00	\$14.00	*			*			97	*	
			HumanaChoicePPO PPO R5826-032			*			\$30.00	\$14.48		*					97	*	
			HumanaChoicePPO PPO R5826-005			*			\$39.00	\$22.99	*			*			97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-									
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-									
		United Healthcare Insurance Company	Evercare Plan IP		*					\$29.07	\$29.07	*			*			97	*
		UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
			UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlans Rx			*				\$23.92	\$23.92	*			*			97	*	
	WellCare	WellCare Prescription Plus	*						\$0.00	\$0.00	*			*	*		85	*	
		WellCare Choice	*						\$29.00	\$0.00	*			*			85	*	
FLAGLER	Florida Health Care Plan, Inc.	FHCP Medvantage	*						\$0.00	-				*			78	*	
		FHCP Medvantage Rx	*						\$0.00	\$0.00		*		*			78	*	
		FHCP Medvantage Rx Plus	*						\$19.22	\$19.22	*			*	*		78	*	
		Humana Health Insurance Company Of FL, Inc.	HumanaChoicePPO PPO H5415-039		*					\$20.00	\$1.39	*			*			97	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*					\$0.00	-								
		HumanaChoicePPO PPO R5826-032			*					\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*					\$39.00	\$22.99	*			*			97	*
			Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*			*			97	*
		Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-044	*						\$0.00	\$0.00	*			*			97	*
		Humana Gold Plus HMO H1036-056	*						\$0.00	-									
		Humana Gold Plus HMO H1036-083	*						\$0.00	-									
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*	
		UnitedHealthcareMedicareCompChoicePlans Rx			*				\$23.92	\$23.92	*			*			97	*	
FRANKLIN	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-							97	*	
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*	
			HumanaChoicePPO PPO R5826-005			*			\$39.00	\$22.99	*			*			97	*	
			Humana Gold Choice PFFS H1804-145				*		\$104.00	\$21.35	*			*			97	*	
	Medicare Masterpiece.	Medicare Masterpiece	*							\$0.00	\$0.00	*			*			97	*
		Medicare Masterpiece Plus B	*							\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Premier	*							\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Ultra	*							\$135.00	\$0.00	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*				\$0.00	-								
		SecureHorizons Direct Premier Plan 100				*				\$95.00	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*	
		UnitedHealthcareMedicareCompChoicePlans Rx			*				\$23.92	\$23.92	*			*			97	*	
	Universal Health Care, Inc.	Universal Freedom PPO 01		*					\$0.00	\$0.00	*			*			97	*	
		Universal Freedom PPO 02		*					\$59.00	\$0.00	*			*			97	*	

## Florida Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
GADSDEN	Capital Health Plan Advantage	Capital Health Plan Advantage Plus	*						\$31.33	\$28.03	*			*			97	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-								
		Humana Gold Choice PFFS H1804-122				*			\$14.00	\$14.00	*			*			97	*
		HumanaChoicePPO PPO R5826-032				*			\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
	Medicare Masterpiece.	Medicare Masterpiece	*						\$0.00	\$0.00	*			*			97	*
		Medicare Masterpiece Plus B	*						\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Premier	*						\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Ultra	*						\$135.00	\$0.00	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-							
		UnitedHealthcare Medicare Comp Choice Rx			*					\$0.00	\$0.00	*		*			97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*					\$23.92	\$23.92	*		*			97	*
		Universal Health Care, Inc.	Universal Freedom PPO 01		*					\$0.00	\$0.00	*		*			97	*
			Universal Freedom PPO 02		*					\$59.00	\$0.00	*		*			97	*
GILCHRIST	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*		*				97	*
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*		*				97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*		*				97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*		*				97	*
	GLADES	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-							
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*		*				97	*
	Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*		*				97	*	
UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-									
	UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*		*				97	*	
	UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*		*				97	*	
GULF	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*		*				97	*
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*		*				97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
	UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*		*				97	*	
	UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*		*				97	*	
HAMILTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*		*				97	*
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*		*				97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
	UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*		*				97	*	
	UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*		*				97	*	

## Florida Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage			Convenience			
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Convenience	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
HARDEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-							97	•	
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•	
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•	
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•	
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•				•		97	•	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•	
HENDRY	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-							97	•	
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•	
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•	
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•	
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•	
HERNANDO	CareOne Health Plan	CareOne Advocate	•						\$29.07	\$29.07			•	•			92	•	
	Humana Health Insurance Company Of FL, Inc.	HumanaChoicePPO PPO H5415-048		•					\$0.00	-									
		HumanaChoicePPO PPO H5415-011		•					\$20.00	\$1.39	•			•			97	•	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•	
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•	
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•	
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-092	•						\$0.00	-									
		Humana Gold Plus HMO H1036-093	•						\$0.00	-									
		Humana Gold Plus HMO H1036-067	•						\$0.00	\$0.00	•			•			97	•	
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•	
		Medicare Masterpiece Plus A	•						\$0.00	\$0.00	•			•			77	•	
		Medicare Masterpiece Premier	•						\$0.00	\$0.00	•			•			77	•	
		Medicare Masterpiece Ultra	•						\$59.00	\$0.00	•			•			97	•	
	Quality Health Plans, Inc.	Advantage Silver	•						\$0.00	\$0.00	•			•		•	96	•	
		Advantage Gold	•						\$49.14	\$49.14	•			•		•	96	•	
		United Healthcare Insurance Company	Evercare Plan IP		•					\$29.07	\$29.07	•			•			97	•
		United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx		•					\$31.00	\$0.00	•			•			97	•
		United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-								
			UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•
			UnitedHealthcare Medicare Complete Plus Rx	•						\$17.34	\$17.34	•			•			97	•
		UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
			UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
			UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•
		Universal Health Care, Inc.	Universal Freedom PPO 01		•					\$0.00	\$0.00	•			•			97	•
			Universal Freedom PPO 02		•					\$59.00	\$0.00	•			•			97	•
		WellCare	WellCare Dividend	•						\$0.00	\$0.00	•			•			85	•
		WellCare Choice	•						\$0.00	\$0.00	•			•	•		85	•	

## Florida Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
HIGHLANDS	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-								97	•
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•				97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•				97	•
		UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•				•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•				•			97	•
HILLSBOROUGH	Blue Cross and Blue Shield of Florida	BluePreferred Plan 1		•				\$108.00	\$45.89		•			•			97	•
	CareOne Health Plan	CareOne Advocate	•					\$29.07	\$29.07			•		•			92	•
	CarePlus Health Plans, Inc.	CareExtra Plan	•					\$0.00	-									
		CareFree Plan	•					\$0.00	-									
		CareOne Plan	•					\$0.00	\$0.00	•			•				97	•
		Citrus Health Care, Inc.	Citrus Special Needs Plan	•					\$0.03	\$0.03	•			•		•	96	•
		CitrusCare	•					\$1.00	\$1.00	•			•		•	96	•	
	Humana Health Insurance Company Of Fl, Inc.	HumanaChoicePPO PPO H5415-048		•				\$0.00	-									
		HumanaChoicePPO PPO H5415-011		•				\$20.00	\$1.39	•				•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•				97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•				97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-092	•					\$0.00	-					•				
		Humana Gold Plus HMO H1036-093	•					\$0.00	-					•				
	Humana Gold Plus HMO H1036-025	•					\$0.00	\$0.00	•				•			97	•	
Medicare Masterpiece.	Medicare Masterpiece	•					\$0.00	\$0.00	•				•			97	•	
	Medicare Masterpiece Plus A	•					\$0.00	\$0.00	•				•			77	•	
	Medicare Masterpiece Ultra	•					\$99.00	\$0.00	•				•			97	•	
Quality Health Plans, Inc.	Advantage Silver	•					\$0.00	\$0.00	•				•		•	96	•	
	Advantage Gold Plus	•					\$30.00	\$0.00	•				•		•	96	•	
	United Healthcare Insurance Company	Evercare Plan DH	•					\$29.07	\$29.07	•				•			97	•
		Evercare Plan IP		•				\$29.07	\$29.07	•				•			97	•
	United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx		•				\$31.00	\$0.00	•				•			97	•
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	•					\$0.00	-					•				
		UnitedHealthcare Medicare Complete Rx	•					\$0.00	\$0.00	•				•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•					\$17.34	\$17.34	•				•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•				•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•				•			97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01		•				\$0.00	\$0.00	•				•			97	•
		Universal Freedom PPO 02		•				\$59.00	\$0.00	•				•			97	•
	WellCare	WellCare Choice	•					\$0.00	\$0.00	•				•	•		85	•
		WellCare Value	•					\$0.00	\$0.00	•				•			85	•
		WellCare Select	•					\$7.27	\$7.27	•				•			85	•
		WellCare Access	•					\$23.91	\$23.91			•					85	•

## Florida Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost					Coverage			Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
HOLMES	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-								97	•
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•				97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•				97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•				97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•				97	•
INDIAN RIVER	America's Health Choice Medical Plans, Inc.	Americas Health Choice Treasure Coast Prem	•					\$0.00	\$0.00	•			•		•		89	•
		Americas Healthy Rewards Treasure Coast Pl	•					\$0.00	\$0.00	•			•		•		89	•
	Health First Medicare Plans	The Sunshine Plan	•					\$0.00	\$0.00			•					78	•
		The Value Secure Plan	•					\$0.00	\$0.00	•			•		•		78	•
		The Classic Secure Plan	•					\$38.00	\$36.59	•			•		•		78	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-				•					
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•				97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•				97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•				97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•				97	•
JACKSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•				97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•				97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•				97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•				97	•
JEFFERSON	Capital Health Plan Advantage	Capital Health Plan Advantage Plus	•					\$31.33	\$28.03	•			•				97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		Humana Gold Choice PFFS H1804-122			•			\$14.00	\$14.00	•			•				97	•
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•				97	•
	Medicare Masterpiece.	Medicare Masterpiece	•					\$0.00	\$0.00	•			•				97	•
		Medicare Masterpiece Plus B	•					\$0.00	\$0.00	•			•				77	•
		Medicare Masterpiece Premier	•					\$0.00	\$0.00	•			•				77	•
		Medicare Masterpiece Ultra	•					\$135.00	\$0.00	•			•				97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•				97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•				97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01		•				\$0.00	\$0.00	•			•				97	•
		Universal Freedom PPO 02		•				\$59.00	\$0.00	•			•				97	•

## Florida Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
LAFAYETTE	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-								97	•	
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•	
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•				97	•	
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•				97	•	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-										
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•				97	•	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•				97	•	
LAKE	Freedom Health, Inc.	Patriot Plan	•					\$0.00	\$0.00	•			•		•		89	•	
	Humana Health Insurance Company Of Fl, Inc.	HumanaChoicePPO PPO H5415-021		•				\$20.00	\$1.39	•			•				97	•	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-										
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•	
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•				97	•	
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•				97	•	
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-085	•					\$0.00	-										
		Humana Gold Plus HMO H1036-086	•					\$0.00	-										
		Humana Gold Plus HMO H1036-047	•					\$0.00	\$0.00	•			•				97	•	
	Quality Health Plans, Inc.	Advantage Silver	•					\$0.00	\$0.00	•			•			•	96	•	
		Advantage Gold Plus	•					\$30.00	\$0.00	•			•		•	•	96	•	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-										
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•				97	•	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•				97	•	
LEE	AdvantageCare	AdvantageCare	•					\$10.00	\$0.00	•			•				86	•	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-										
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•	
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•				97	•	
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•				97	•	
	Medicare Masterpiece.	Medicare Masterpiece	•					\$0.00	\$0.00	•			•				97	•	
		Medicare Masterpiece Plus A	•					\$0.00	\$0.00	•			•				77	•	
		Medicare Masterpiece Ultra	•					\$99.00	\$0.00	•			•				97	•	
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•		\$45.00	-										
		SecureHorizons Direct Premier Plan 100				•		\$95.00	-										
	United Healthcare Insurance Company	Evercare Plan IP		•				\$29.07	\$29.07	•			•				97	•	
	United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx		•				\$31.00	\$0.00	•			•				97	•	
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	•					\$0.00	-										
		UnitedHealthcare Medicare Complete Rx	•					\$0.00	\$0.00	•			•				97	•	
		UnitedHealthcare Medicare Complete Plus Rx	•					\$17.34	\$17.34	•			•				97	•	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-										
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•				97	•	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•				97	•	
	Universal Health Care, Inc.	Universal Freedom PPO 01		•				\$0.00	\$0.00	•			•				97	•	
		Universal Freedom PPO 02		•				\$49.00	\$0.00	•			•				97	•	

## Florida Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
LEON	Capital Health Plan Advantage	Capital Health Plan Advantage Plus	*						\$31.33	\$28.03	*			*			97	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-								
		Humana Gold Choice PFFS H1804-122				*			\$14.00	\$14.00	*			*			97	*
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
	Medicare Masterpiece.	Medicare Masterpiece	*						\$0.00	\$0.00	*			*			97	*
		Medicare Masterpiece Plus B	*						\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Premier	*						\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Ultra	*						\$135.00	\$0.00	*			*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*			*			97	*
	Universal Health Care, Inc.	Universal Freedom PPO 01		*					\$0.00	\$0.00	*			*			97	*
		Universal Freedom PPO 02		*					\$59.00	\$0.00	*			*			97	*
LEVY	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-				*				
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*			*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*			*			97	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-				*				
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*			*			97	*
	Medicare Masterpiece.	Medicare Masterpiece	*						\$0.00	\$0.00	*			*			97	*
		Medicare Masterpiece Plus B	*						\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Premier	*						\$0.00	\$0.00	*			*			77	*
	Medicare Masterpiece Ultra	*						\$135.00	\$0.00	*			*			97	*	
LIBERTY	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*			*			97	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-				*				
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*			*			97	*
	Medicare Masterpiece.	Medicare Masterpiece	*						\$0.00	\$0.00	*			*			97	*
		Medicare Masterpiece Plus B	*						\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Premier	*						\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Ultra	*						\$135.00	\$0.00	*			*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*			*			97	*
Universal Health Care, Inc.	Universal Freedom PPO 01		*					\$0.00	\$0.00	*			*			97	*	
	Universal Freedom PPO 02		*					\$59.00	\$0.00	*			*			97	*	
MADISON	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-				*				
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*			*			97	*
	Medicare Masterpiece.	Medicare Masterpiece	*						\$0.00	\$0.00	*			*			97	*
		Medicare Masterpiece Plus B	*						\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Premier	*						\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Ultra	*						\$135.00	\$0.00	*			*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*			*			97	*
	Universal Health Care, Inc.	Universal Freedom PPO 01		*					\$0.00	\$0.00	*			*			97	*
		Universal Freedom PPO 02		*					\$59.00	\$0.00	*			*			97	*

## Florida Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
MANATEE	Humana Health Insurance Company Of FL, Inc.	HumanaChoicePPO PPO H5415-048		*					\$0.00	-								
		HumanaChoicePPO PPO H5415-011		*					\$20.00	\$1.39	*			*			97	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-				*				*
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
		Humana Gold Choice PFFS H1804-123				*			\$64.00	\$21.35	*			*			97	*
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-092	*						\$0.00	-								
		Humana Gold Plus HMO H1036-093	*						\$0.00	-								
		Humana Gold Plus HMO H1036-074	*						\$0.00	\$0.00	*			*			97	*
	Medicare Masterpiece.	Medicare Masterpiece	*						\$0.00	\$0.00	*			*			97	*
		Medicare Masterpiece Plus A	*						\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Premier	*						\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Ultra	*						\$99.00	\$0.00	*			*			97	*
	Quality Health Plans, Inc.	Advantage Silver	*						\$0.00	\$0.00	*			*		*	96	*
		Advantage Gold Plus	*						\$30.00	\$0.00	*			*		*	96	*
	United Healthcare Insurance Company	Evercare Plan IP		*					\$29.07	\$29.07	*			*			97	*
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete Plus Rx	*						\$17.34	\$17.34	*			*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*			*			97	*
	Universal Health Care, Inc.	Universal Freedom PPO 01		*					\$0.00	\$0.00	*			*			97	*
		Universal Freedom PPO 02		*					\$59.00	\$0.00	*			*			97	*
	WellCare	WellCare Dividend	*						\$0.00	\$0.00	*			*			85	*
		WellCare Prescription Plus	*						\$0.00	\$0.00	*			*	*		85	*
		WellCare Advance	*						\$0.00	-								
		WellCare Choice	*						\$0.00	\$0.00	*			*			85	*
MARION	Freedom Health, Inc.	Patriot Plan	*						\$0.00	\$0.00	*			*		*	89	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
		Humana Gold Choice PFFS H1804-123				*			\$64.00	\$21.35	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*			*			97	*



## Florida Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
MARTIN	AdvantageCare	AdvantageCare	•					\$0.00	\$0.00	•	Reduced		•			86	•	
	America's Health Choice Medical Plans, Inc.	Americas Health Choice Treasure Coast Prem	•					\$0.00	\$0.00	•			•		•	89	•	
		Americas Healthy Rewards Treasure Coast Pl	•					\$0.00	\$0.00	•			•		•	89	•	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•					97	•	
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•			97	•	
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•			97	•	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•			97	•	
	Vista Healthplan of South Florida, Inc.	Platinum Plan	•					\$0.00	\$0.00	•			•			92	•	
		Platinum Choice Plan	•					\$0.00	\$0.00			•				92	•	
MONROE	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•					97	•	
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•			97	•	
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•			97	•	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•			97	•	
NASSAU	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•					97	•	
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•			97	•	
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•			97	•	
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-080C	•					\$0.00	-									
		Humana Gold Plus HMO H1036-082D	•					\$0.00	-									
		Humana Gold Plus HMO H1036-037C	•					\$0.00	\$0.00	•			•			97	•	
		Humana Gold Plus HMO H1036-081D	•					\$0.00	\$0.00	•			•			97	•	
	Sterling Option I	Sterling Option I				•		\$9.00	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•			97	•	
OKALOOSA	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•					97	•	
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•			97	•	
		Humana Gold Choice PFFS H1804-123				•		\$64.00	\$21.35	•			•			97	•	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•			97	•	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•			97	•	
	WellCare	WellCare Prescription Plus	•					\$0.00	\$0.00	•			•	•		85	•	
		WellCare Choice	•					\$29.00	\$0.00	•			•			85	•	

## Florida Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan							Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap				
			HMO	Local PPO	Regional PPO	Private Fee-for-Service				Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			Number of Top 100 Drugs on Formulary
County	Organization Name	Plan Name							Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*				Includes Tiered Copayments for Drugs				Mail Order Offered
OKEECHOBEE	AdvantageCare	AdvantageCare	*						\$0.00	\$0.00	*			*			86	*
	America's Health Choice Medical Plans, Inc.	Americas Health Choice Treasure Coast Prem	*						\$0.00	\$0.00	*			*		*	89	*
		Americas Healthy Rewards Treasure Coast Pl	*						\$0.00	\$0.00	*			*		*	89	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*			*			97	*
	Medicare Masterpiece.	Medicare Masterpiece	*						\$0.00	\$0.00	*			*			97	*
		Medicare Masterpiece Plus B	*						\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece Ultra	*						\$99.00	\$0.00	*			*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*			*			97	*
ORANGE	CareOne Health Plan	CareOne Advocate	*						\$29.07	\$29.07	*		*	*			92	*
	Citrus Health Care, Inc.	CitrusCare	*						\$0.01	\$0.01	*		*		*		96	*
		Citrus Special Needs Plan	*						\$0.03	\$0.03	*		*		*		96	*
		CitrusCare Platinum	*						\$20.01	\$0.00	*		*		*		96	*
	Freedom Health, Inc.	Patriot Plan	*						\$0.00	\$0.00	*		*		*		89	*
	Humana Health Insurance Company Of Fl, Inc.	HumanaChoicePPO PPO H5415-021		*					\$20.00	\$1.39	*		*				97	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-	*		*					
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*	*				97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*		*				97	*
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*		*				97	*
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-085	*						\$0.00	-								
		Humana Gold Plus HMO H1036-086	*						\$0.00	-								
		Humana Gold Plus HMO H1036-047	*						\$0.00	\$0.00	*		*				97	*
	Quality Health Plans, Inc.	Advantage Silver	*						\$0.00	\$0.00	*		*		*		96	*
		Advantage Gold Plus	*						\$30.00	\$0.00	*		*		*		96	*
	United Healthcare Insurance Company	Evercare Plan DH	*						\$29.07	\$29.07	*		*				97	*
		Evercare Plan IP		*					\$29.07	\$29.07	*		*				97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*		*				97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*		*				97	*
	WellCare	WellCare Essential	*						\$0.00	\$0.00	*		*				85	*
		WellCare Advance	*						\$0.00	-			*					
		WellCare Dividend	*						\$0.00	\$0.00	*		*				85	*
		WellCare Value	*						\$0.00	\$0.00	*		*	*			85	*
		WellCare Select	*						\$7.27	\$7.27			*	*			85	*
		WellCare Choice	*						\$35.00	\$0.00	*		*	*			85	*

## Florida Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
OSCEOLA	Citrus Health Care, Inc.	CitrusCare	*						\$0.01	\$0.01	*			*			96	*
		Citrus Special Needs Plan	*						\$0.03	\$0.03	*			*			96	*
		CitrusCare Platinum	*						\$20.01	\$0.00	*			*			96	*
	Humana Health Insurance Company Of FL, Inc.	HumanaChoicePPO PPO H5415-021		*					\$20.00	\$1.39	*			*			97	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*			*			97	*
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-085	*						\$0.00	-								
		Humana Gold Plus HMO H1036-086	*						\$0.00	-								
		Humana Gold Plus HMO H1036-047	*						\$0.00	\$0.00	*			*			97	*
	Medicare Masterpiece.	Medicare Masterpiece Plus B	*						\$0.00	\$0.00	*			*			77	*
		Medicare Masterpiece	*						\$0.00	\$0.00	*			*			97	*
		Medicare Masterpiece Ultra	*						\$99.00	\$0.00	*			*			97	*
	Quality Health Plans, Inc.	Advantage Silver	*						\$0.00	\$0.00	*			*		*	96	*
		Advantage Gold Plus	*						\$30.00	\$0.00	*			*		*	96	*
	United Healthcare Insurance Company	Evercare Plan DH	*						\$29.07	\$29.07	*			*			97	*
		Evercare Plan IP		*					\$29.07	\$29.07	*			*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlans Rx			*				\$23.92	\$23.92	*			*			97	*
	WellCare	WellCare Dividend	*						\$0.00	\$0.00	*			*			85	*
		WellCare Value	*						\$0.00	\$0.00	*			*	*		85	*
		WellCare Advance	*						\$0.00	-								
		WellCare Essential	*						\$0.00	\$0.00	*			*			85	*
		WellCare Select	*						\$7.27	\$7.27			*	*			85	*
		WellCare Choice	*						\$35.00	\$0.00	*			*	*		85	*

## Florida Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost			Coverage			Convenience			
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
PALM BEACH	America's Health Choice Medical Plans, Inc.	Americas Health Choice Palm Beach Premier	•						\$0.00	\$0.00	•			•		•	89	•
		Americas Healthy Rewards Palm Beach Plan	•						\$0.00	\$0.00	•			•		•	89	•
	Blue Cross and Blue Shield of Florida	BluePreferred Plan 1		•					\$108.00	\$45.89		•		•			97	•
	CareOne Health Plan	CareOne Advocate	•						\$29.07	\$29.07			•	•			92	•
	CarePlus Health Plans, Inc.	CareFree Plan	•						\$0.00	\$0.00	•			•			97	•
		CareComplete Plan	•						\$0.00	-								
		CareExtra Plan	•						\$0.00	\$0.00			•				97	•
		CareOne Plan	•						\$0.00	\$0.00	•			•	•		97	•
	Health Options, Inc.\BCBSF	Medicare & More	•						\$0.00	\$0.00		•		•			97	•
		Medicare & More	•						\$45.89	\$45.89			•	•			97	•
		ActivelyYou	•						\$47.00	\$8.47		•		•		•	97	•
		ActivelyYou	•						\$57.47	\$57.47			•	•		•	97	•
	Humana Health Insurance Company Of Fl, Inc.	HumanaChoicePPO PPO H5415-006		•					\$13.00	\$1.19	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-062C	•						\$0.00	\$0.00	•			•	•		97	•
		Humana Gold Plus HMO H1036-073B	•						\$0.00	\$0.00	•			•	•		97	•
		Humana Gold Plus HMO H1036-063A	•						\$0.00	-								
		Humana Gold Plus HMO H1036-091C	•						\$0.00	-								
		Humana Gold Plus HMO H1036-090C	•						\$0.00	\$0.00			•				97	•
		Humana Gold Plus HMO H1036-035A	•						\$0.00	\$0.00	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus B	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$59.00	\$0.00	•			•			97	•
	Summit Health Plan, Inc.	Summit Ideal Plan	•						\$0.00	\$0.00	•			•			92	•
		Summit Maximum Plan	•						\$0.00	\$0.00			•				92	•
	SunCoast Physicians Health Plan, Inc	SunCoast Physicians Health Plan, Inc.	•						\$0.00	\$0.00	•			•			79	•
	United Healthcare Insurance Company	Evercare Plan IP		•					\$29.07	\$29.07	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlans Rx			•				\$23.92	\$23.92	•			•			97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01		•					\$0.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•					\$59.00	\$0.00	•			•			97	•
	Vista Healthplan, Inc.	Platinum Prime Plan	•						\$0.00	\$0.00	•			•			92	•
		Platinum Value Plan	•						\$0.00	-								
		Platinum Choice Plan	•						\$0.00	\$0.00			•				92	•
		Preferred Options	•						\$0.00	\$0.00			•	•			92	•
	WellCare	WellCare Advance	•						\$0.00	-								
		WellCare Dividend	•						\$0.00	\$0.00	•			•			85	•
		WellCare Choice	•						\$0.00	\$0.00	•			•			85	•
		WellCare Select	•						\$7.27	\$7.27			•	•			85	•
		WellCare Access	•						\$23.90	\$23.90			•				85	•

## Florida Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
PASCO	CareOne Health Plan	CareOne Advocate	•						\$29.07	\$29.07			•	•			92	•
	Citrus Health Care, Inc.	Citrus Special Needs Plan	•						\$0.03	\$0.03	•			•			96	•
		CitrusCare	•						\$1.00	\$1.00	•			•			96	•
	Humana Health Insurance Company Of Fl, Inc.	HumanaChoicePPO PPO H5415-048		•					\$0.00	-								
		HumanaChoicePPO PPO H5415-011		•					\$20.00	\$1.39	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-092	•						\$0.00	-								
		Humana Gold Plus HMO H1036-093	•						\$0.00	-								
		Humana Gold Plus HMO H1036-040	•						\$0.00	\$0.00	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus A	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$99.00	\$0.00	•			•			97	•
	Quality Health Plans, Inc.	Advantage Silver	•						\$0.00	\$0.00	•			•		•	96	•
		Advantage	•						\$43.85	\$43.85	•			•		•	96	•
	United Healthcare Insurance Company	Evercare Plan DH	•						\$29.07	\$29.07	•			•			97	•
		Evercare Plan IP		•					\$29.07	\$29.07	•			•			97	•
	United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx		•					\$31.00	\$0.00	•			•			97	•
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx	•						\$17.34	\$17.34	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01		•					\$0.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•					\$59.00	\$0.00	•			•			97	•
	WellCare	WellCare Value	•						\$0.00	\$0.00	•			•			85	•
		WellCare Choice	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Select	•						\$7.27	\$7.27			•	•			85	•
		WellCare Access	•						\$23.90	\$23.90			•	•			85	•

## Florida Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience	
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
PINELLAS	Aetna Medicare	Aetna Golden Medicare Basic Plan	*						\$0.00	-				*			85	*	
		Aetna Golden Choice Standard Plan		*					\$70.00	\$30.91			*	*			85	*	
		Aetna Golden Medicare Standard Plan	*						\$70.00	\$30.91			*	*			97	*	
		BlueCross and Blue Shield of Florida Preferred Plan 1		*					\$108.00	\$45.89		*		*			92	*	
		CareOne Health Plan	*						\$29.07	\$29.07			*	*					
		CareExtra Health Plans, Inc.	*						\$0.00	-									
		CareFree Health Plans, Inc.	*						\$0.00	-									
		CareOne Health Plan	*						\$0.00	\$0.00	*			*			97	*	
		Citrus Health Care, Inc.	Citrus Special Needs Plan	*					\$0.03	\$0.03	*			*		*	96	*	
			CitrusCare	*					\$1.00	\$1.00	*			*		*	96	*	
		Humana Health Insurance Company Of FL, Inc.	HumanaChoicePPO PPO H5415-048		*					\$0.00	-								
			HumanaChoicePPO PPO H5415-011		*					\$20.00	\$1.39	*			*			97	*
		Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-								
			HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*					97	*
			HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*
			Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*			*			97	*
		Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-092	*						\$0.00	-								
			Humana Gold Plus HMO H1036-093	*						\$0.00	-								
			Humana Gold Plus HMO H1036-052	*						\$0.00	\$0.00	*			*			97	*
		Medicare Masterpiece.	Medicare Masterpiece	*						\$0.00	\$0.00	*			*			97	*
			Medicare Masterpiece Plus A	*						\$0.00	\$0.00	*			*			77	*
			Medicare Masterpiece Ultra	*						\$99.00	\$0.00	*			*			97	*
		Quality Health Plans, Inc.	Advantage Silver	*						\$0.00	\$0.00	*			*		*	96	*
			Advantage Gold Plus	*						\$30.00	\$0.00	*			*		*	96	*
		United Healthcare Insurance Company	Evercare Plan DH	*						\$29.07	\$29.07	*			*			97	*
			Evercare Plan IP		*					\$29.07	\$29.07	*			*			97	*
		United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx		*					\$31.00	\$0.00	*			*			97	*
		United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-								
			UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
			UnitedHealthcare Medicare Complete Plus Rx	*						\$17.34	\$17.34	*			*			97	*
		UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-								
			UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*
			UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*			*			97	*
		Universal Health Care, Inc.	Universal Freedom PPO 01		*					\$0.00	\$0.00	*			*			97	*
			Universal Freedom PPO 02		*					\$59.00	\$0.00	*			*			97	*
		WellCare	WellCare Dividend	*						\$0.00	\$0.00	*			*			85	*
			WellCare Value	*						\$0.00	\$0.00	*			*	*		85	*
			WellCare Choice	*						\$0.00	\$0.00	*			*	*		85	*
			WellCare Select	*						\$7.27	\$7.27			*	*			85	*
			WellCare Access	*						\$23.91	\$23.91			*	*			85	*

## Florida Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
POLK	Citrus Health Care, Inc.	Citrus Special Needs Plan	*						\$0.03	\$0.03	*			*			96	*	
		CitrusCare	*						\$0.13	\$0.13	*			*			96	*	
		CitrusCare Platinum Plan	*						\$0.24	\$0.24	*			*			96	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018	*		*				\$0.00	-	*			*					
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48	*	*		*			97	*	
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*	
		Humana Gold Choice PFFS H1804-123				*			\$64.00	\$21.35	*			*			97	*	
	Medicare Masterpiece.	Medicare Masterpiece	*						\$0.00	\$0.00	*			*			97	*	
		Medicare Masterpiece Plus A	*						\$0.00	\$0.00	*	*		*			77	*	
		Medicare Masterpiece Premier	*						\$0.00	\$0.00	*			*			77	*	
		Medicare Masterpiece Ultra	*						\$99.00	\$0.00	*			*			97	*	
	PHYSICIANS UNITED	American Spirit Plan	*						\$0.00	\$0.00	*			*		*	97	*	
		Advantage Silver	*						\$0.00	\$0.00	*			*		*	96	*	
		Advantage Gold	*						\$55.55	\$55.55	*			*		*	96	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 5				*			\$45.00	-				*					
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-				*					
	United Healthcare Insurance Company	Evercare Plan DH	*							\$29.07	\$29.07	*			*			97	*
		Evercare Plan IP		*						\$29.07	\$29.07	*			*			97	*
		United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-				*				
			UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
			UnitedHealthcare Medicare Complete Plus Rx	*						\$17.34	\$17.34	*			*			97	*
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*					\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			*					\$0.00	\$0.00	*			*			97	*
		UnitedHealthcareMedicareCompChoicePlu s Rx			*					\$23.92	\$23.92	*			*			97	*
	Universal Health Care, Inc.	Universal Freedom PPO 01		*						\$0.00	\$0.00	*			*			97	*
		Universal Freedom PPO 02		*						\$59.00	\$0.00	*			*			97	*
		WellCare	WellCare Choice	*						\$0.00	\$0.00	*			*	*		85	*
			WellCare Dividend	*						\$0.00	\$0.00	*			*			85	*
			WellCare Advance	*						\$0.00	-				*				
			WellCare Select	*						\$7.27	\$7.27			*	*			85	*
PUTNAM	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			*				\$0.00	-				*					
		HumanaChoicePPO PPO R5826-032			*				\$30.00	\$14.48		*		*			97	*	
		HumanaChoicePPO PPO R5826-005			*				\$39.00	\$22.99	*			*			97	*	
		Humana Gold Choice PFFS H1804-145				*			\$104.00	\$21.35	*			*			97	*	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			*				\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			*				\$0.00	\$0.00	*			*			97	*	
		UnitedHealthcareMedicareCompChoicePlu s Rx			*				\$23.92	\$23.92	*			*			97	*	

## Florida Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage			Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
SANTA ROSA	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-					•			97	•
		Humana Gold Choice PFFS H1804-122				•		\$14.00	\$14.00	•				•			97	•
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•				•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-									
		SecureHorizons Direct Premier Plan 100				•		\$95.00	-									
	United Healthcare Insurance Company	Evercare Plan IP		•				\$29.07	\$29.07	•				•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•				•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•				•			97	•
	WellCare	WellCare Prescription Plus	•					\$0.00	\$0.00	•				•	•		85	•
		WellCare Choice	•					\$29.00	\$0.00	•				•			85	•
SARASOTA	AdvantageCare	AdvantageCare	•					\$10.00	\$0.00	•				•			86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•				•			97	•
		Humana Gold Choice PFFS H1804-123				•		\$64.00	\$21.35	•				•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•					\$0.00	\$0.00	•				•			97	•
		Medicare Masterpiece Plus A	•					\$0.00	\$0.00	•				•			77	•
		Medicare Masterpiece Premier	•					\$0.00	\$0.00	•				•			77	•
		Medicare Masterpiece Ultra	•					\$99.00	\$0.00	•				•			97	•
	Quality Health Plans, Inc.	Advantage Silver	•					\$0.00	\$0.00	•				•		•	96	•
		Advantage Gold Plus	•					\$30.00	\$0.00	•				•		•	96	•
	United Healthcare Insurance Company	Evercare Plan IP		•				\$29.07	\$29.07	•				•			97	•
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	•					\$0.00	-					•			97	•
		UnitedHealthcare Medicare Complete Rx	•					\$0.00	\$0.00	•				•				
		UnitedHealthcare Medicare Complete Plus Rx	•					\$17.34	\$17.34	•				•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•				•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•				•			97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01		•				\$0.00	\$0.00	•				•			97	•
		Universal Freedom PPO 02		•				\$59.00	\$0.00	•				•			97	•
	WellCare	WellCare Prescription Plus	•					\$0.00	\$0.00	•				•	•		85	•
		WellCare Choice	•					\$0.00	\$0.00	•				•			85	•



## Florida Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
SEMINOLE	Citrus Health Care, Inc.	CitrusCare	•						\$0.01	\$0.01	•			•		•	96	•	
		Citrus Special Needs Plan	•						\$0.03	\$0.03	•			•		•	96	•	
		CitrusCare Platinum	•						\$20.01	\$0.00	•			•		•	96	•	
	Humana Health Insurance Company Of Fl, Inc.	HumanaChoicePPO PPO H5415-021		•					\$20.00	\$1.39	•			•			97	•	
		HumanaChoicePPO PPO R5826-018			•				\$0.00	-									
		Humana Insurance Company	HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•					97	•	
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•			97	•		
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•			97	•		
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-085	•						\$0.00	-									
		Humana Gold Plus HMO H1036-086	•						\$0.00	-									
		Humana Gold Plus HMO H1036-047	•						\$0.00	\$0.00	•			•			97	•	
	Medicare Masterpiece.	Medicare Masterpiece Plus B	•						\$0.00	\$0.00	•			•			77	•	
		Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•	
		Medicare Masterpiece Ultra	•						\$99.00	\$0.00	•			•			97	•	
	Quality Health Plans, Inc.	Advantage Silver	•						\$0.00	\$0.00	•			•		•	96	•	
		Advantage Gold Plus	•						\$30.00	\$0.00	•			•		•	96	•	
		United Healthcare Insurance Company	Evercare Plan DH	•						\$29.07	\$29.07	•			•			97	•
			Evercare Plan IP		•					\$29.07	\$29.07	•			•			97	•
		UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
			UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
			UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•
		WellCare	WellCare Dividend	•						\$0.00	\$0.00	•			•			85	•
			WellCare Value	•						\$0.00	\$0.00	•			•	•		85	•
			WellCare Advance	•						\$0.00	-								
			WellCare Essential	•						\$0.00	\$0.00	•			•			85	•
			WellCare Select	•						\$7.27	\$7.27			•	•			85	•
			WellCare Choice	•						\$35.00	\$0.00	•			•	•		85	•
	ST. JOHNS	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
			HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
HumanaChoicePPO PPO R5826-005					•				\$39.00	\$22.99	•			•			97	•	
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•	
Humana Medical Plan, Inc.		Humana Gold Plus HMO H1036-068	•						\$0.00	\$0.00	•			•			97	•	
		Sterling Option I				•			\$9.00	-									
UnitedHealthcare Medicare Complete Choice		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•					\$0.00	\$0.00	•			•			97	•
			UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•

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Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
ST. LUCIE	AdvantageCare	AdvantageCare	•						\$0.00	\$0.00	•			•			86	•
	America's Health Choice Medical Plans, Inc.	Americas Health Choice Treasure Coast Prem	•						\$0.00	\$0.00	•			•		•	89	•
		Americas Healthy Rewards Treasure Coast Pl	•						\$0.00	\$0.00	•			•		•	89	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus B	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$69.00	\$0.00	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•
	Vista Healthplan of South Florida, Inc.	Platinum Plan	•						\$0.00	\$0.00	•			•			92	•
		Platinum Select Plan	•						\$0.00	\$0.00	•			•			92	•
		Preferred Options	•						\$0.00	\$0.00			•	•			92	•
		Platinum Choice Plan	•						\$0.00	\$0.00			•				92	•
	WellCare	WellCare Choice	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Dividend	•						\$0.00	\$0.00	•			•			85	•
		WellCare Value	•						\$0.00	\$0.00	•			•			85	•
		WellCare Select	•						\$7.27	\$7.27			•	•			85	•
SUMTER	Freedom Health, Inc.	Patriot Plan	•						\$0.00	\$0.00	•			•		•	89	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Quality Health Plans, Inc.	Advantage Silver	•						\$0.00	\$0.00	•			•		•	96	•
		Advantage Gold Plus	•						\$30.00	\$0.00	•			•		•	96	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•
SUWANNEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
TAYLOR	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•				97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•				97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•				97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•				97	•
UNION	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•				97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•				97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•				97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•				97	•
VOLUSIA	Citrus Health Care, Inc.	Citrus Special Needs Plan	•					\$0.03	\$0.03	•			•		•		96	•
		CitrusCare	•					\$0.08	\$0.08	•			•		•		96	•
	Florida Health Care Plan, Inc.	FHCP Medvantage	•					\$0.00	-									
		FHCP Medvantage Rx	•					\$0.00	\$0.00		•		•				78	•
		FHCP Medvantage Rx Plus	•					\$19.22	\$19.22	•			•		•		78	•
	Freedom Health, Inc.	Patriot Plan	•					\$0.00	\$0.00	•			•		•		89	•
	Humana Health Insurance Company Of Fl, Inc.	HumanaChoicePPO PPO H5415-039		•				\$20.00	\$1.39	•			•				97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•				97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•				97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-044	•					\$0.00	\$0.00	•			•				97	•
		Humana Gold Plus HMO H1036-056	•					\$0.00	-									
		Humana Gold Plus HMO H1036-083	•					\$0.00	-									
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-									
		SecureHorizons Direct Premier Plan 100				•		\$95.00	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•			•				97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•				97	•

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
WAKULLA	Capital Health Plan Advantage	Capital Health Plan Advantage Plus	•					\$31.33	\$28.03	•				•			97	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•				•			97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•				•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•					\$0.00	\$0.00	•				•			97	•
		Medicare Masterpiece Plus B	•					\$0.00	\$0.00	•				•			77	•
		Medicare Masterpiece Premier	•					\$0.00	\$0.00	•				•			77	•
		Medicare Masterpiece Ultra	•					\$135.00	\$0.00	•				•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5						\$45.00	-									
		SecureHorizons Direct Premier Plan 100				•		\$95.00	-									
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•				•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•				•			97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01			•			\$0.00	\$0.00	•				•			97	•
		Universal Freedom PPO 02			•			\$59.00	\$0.00	•				•			97	•
WALTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•				•			97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•				•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•				•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•				•			97	•
WASHINGTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-									
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•						97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•				•			97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•				•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•			\$0.00	-									
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00	•				•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•		\$23.92	\$23.92	•				•			97	•	